

Treatment Continued:

wt ✓ 9 wk x 4 wks same scale

Date	Date	Date	Date	Date	Date	Date
11/17	11/24	12/1	12/8			
141	NO SHOW	NO SHOW	NO SHOW			
RHS						
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date

Comments:

Patient Name/Number Boyd, Courtney 208921	Allergies: NKA	Housing Unit: Stetson
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20mth  
12/19/06



## Release of Responsibility

Cocroth ROD  
Name of Inmate

9-2-03  
Date & Time

208921-9-2-03 [REDACTED]  
Inmate ID Number / Date of Birth

9-2-03  
Date & Time

I hereby refuse to accept the following treatment/recommendations:

X TO late.

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.

Cocroth ROD  
Inmate Signature

9-2-03  
Date & Time

William Bingham RA  
Witness

The aforementioned inmate has refused the listed medical treatment(s) and/or recommendation(s) and has refused to sign this form.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date & Time

Release of Responsibility

GraphCare, Inc.

Health Services Request Form

Inmate Name

Courtney Bayl

Date of Request

9-2-03

JS No.

208921

Date of Birth

[REDACTED]

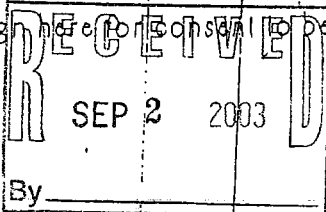
Housing Loc.

D-3297

Nature of problem or request

I need to be seen by the doctor for my back. I also need to see him, because I lost 15 pounds in two weeks. My left eye is hurting very bad.

Signature of Inmate



Consent to be treated by health staff for the condition described above

Courtney Bayl

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective:

Objective:

BP

P

R

T

WT

Assessment:

Plan:

Refer to:

PA/Physician

Mental Health

Dental

Education:

Facility used: (specify)

Signature

Title

Time

Date



## Release of Responsibility

Cowboy  
Name of Inmate

Bay

9-4-03, 11:37pm  
Date & Time

208921  
Inmate ID Number / Date of Birth

9-4-03 11:37pm  
Date & Time

I hereby refuse to accept the following treatment/recommendations:

App already made

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.

Cowboy  
Inmate Signature

Bay

9-4-03, 11:37pm  
Date & Time

J. H. [Signature]  
Witness

The aforementioned inmate has refused the listed medical treatment(s) and/or recommendation(s) and has refused to sign this form.

ess

ess

& Time

Release of Responsibility

9/15/03

Name of Inmate Cortney Boyel

9-18-03 2430  
Date & Time

208921 [REDACTED]  
 inmate ID Number / Date of Birth

9-18-03 943

I feel better

Signature \_\_\_\_\_ 9-18-03

9-18-03  
Date & Time

SS

orementioned inmate has refused the listed medical treatment(s) and/or recommendation(s) and has refused to sign this form.

S

time

NC010



## SPECIAL NEEDS COMMUNICATION FORM

Date: 7/20/05

To: Elmore

From: HCU

Inmate Name: Boyd, Courtney ID#: 208921

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

Comments:

① BB P X 60 days

Date: 7/20/05 MD Signature: J. P. [Signature] Time: 8<sup>10</sup> A



## SPECIAL NEEDS COMMUNICATION FORM

Date: 6/13/05

To: Elmore

From: HCU

Inmate Name: Boyd Courtney ID#: 208924

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions work stop 24<sup>h</sup> for CT  
BACK PAIN
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

### Comments:

- ① BBP X 30 days
- ② Lay in for 24<sup>h</sup> X meals, BR, + meds.

Date: 6/13/05 MD Signature: [Signature] Time: 3<sup>50</sup> P



## SPECIAL NEEDS COMMUNICATION FORM

Date: 04/13/05

To: Elmore

From: AMT

Inmate Name: Boyd, Courtney ID#: 208921

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

**Comments:**

Bottom bunk profile x30d 04/13/05 til 05/13/05  
p.11 call three times per day for 7 days 04/13/05 til  
04/20/05.  
To AMT 04/14/05 am for X-ray XXX

Date: 04/13/05 MD Signature: D. McArthur P.A. / M.D. Time: 1113





## SPECIAL NEEDS COMMUNICATION FORM

Date: 03/03/05

To: Elmore Corr. Center

From: SHC

Inmate Name: Boyd, Courtney ID#: 208921

**The following action is recommended for medical reasons:**

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

**Comments:**

No excessive bending but able to work  
x 2 days

Date: 03/03/05 MD Signature: Dr. Williams, W.D. Austin Time: 9:45 A

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ALABAMA  
WESTERN DIVISION

COURTNEY BOYD,

Plaintiff,

v.

DONAL CAMPBELL, Commissioner,  
Alabama Dept of Corrections, et. al.,

Defendants.

ENTERED

OCT 04 2004

CV 03-TMP-1780-W

ORDER

On June 23, 2004, this court entered an order (doc. 34) directing defendants produce photographs taken of plaintiff after his alleged assault on June 30, 2003, within thirty (30) days of the entry date of the order. On the same date, the court also entered a Second Supplemental Order for Special Report (doc. 35), directing defendants named in plaintiff's amended complaint to respond to plaintiff's allegations. Plaintiff has now filed a Motion to Compel (doc. 54), a Motion for An Order from the Court (doc. 55), a Motion for Default Judgment (doc. 59), and a Motion for Jury Trial. (Doc. 61).

Motion to Compel (Doc. 54)

On July 8, 2004, defendants filed a "Response to Court Order [of June 23, 2004]," in which counsel asserts:

1. The Defendants adopt the Special Reports previously submitted by the Defendants on April 30, 2004 (Document #24) and on May 17, 2004 (Document #27).
2. The Defendants are unable to determine additional facts with which to supplement their Special Reports.

(Doc. 38).

197

Defendants filed a second supplemental special report (doc. 56) on August 18, 2004, and on August 25, 2004, an amendment (doc. 58) thereto. Regardless, defendants have never responded to the court's order to produce photographs taken of plaintiff on the day of the incident.

Plaintiff now files a Motion to Compel (doc. 54) production of the photographs as previously ordered. After careful consideration of plaintiff's motion to compel (doc. 54), defendants are ORDERED to either (1) produce the photographs as previously directed or (2) show cause in writing and under oath within twenty (20) days from the date this order is entered as to why the court should not impose sanctions for defendants' failure to comply.

**Motion for An Order from the Court (Doc. 55)**

Plaintiff next moves for an Order (doc. 55) to be sent to a free-world doctor because he is still suffering from severe back pain as a result of the unconstitutional assault made the basis of this claim. Plaintiff's motion (doc. 55) is DENIED. Plaintiff has medical assistance available to him at Staton Correctional Facility, and if he desires medical care for his pain, he may submit a request for attention through the prison health care unit.

**Motion for Default Judgment (Doc. 59)**

Plaintiff also moves the court for a default judgment (doc. 59), which shall be construed as a request for clerk's entry of default pursuant to Rule 55 (a) of the Federal Rules of Civil Procedure. (Fed.R.Civ.P). Rule 55(a) reads,

When a party against whom a judgment for affirmative relief is sought has failed to plead or otherwise defend as provided by these rules and that fact is made to appear by affidavit or otherwise, the clerk shall enter the party's default.

While plaintiff's motion (doc. 59) is well taken, it is due to be and is hereby DENIED WITHOUT PREJUDICE as PREMATURE because defendants have not been formally served with a summons and complaint as required by Rule 4 of the Fed.R.Civ.P.

**Motion for Jury Trial (Doc. 61)**

Plaintiff requests a jury trial in his last motion (doc. 61), which the court shall construe as a motion to preserve his right to a jury trial. Said motion (doc. 61) is due to be and is hereby GRANTED. If and when this matter comes to trial, same shall proceed before a properly selected jury.

As a final note, since defendants have filed a Supplemental Special Report and amendment thereto (doc. 56 & 58), which this court shall construe as a motion for summary judgment, plaintiff shall be afforded twenty (20) days to file a response to same. Plaintiff is reminded of the instructions previously given to him which explain the proper manner in which to respond to a motion for summary judgment in accordance with Rule 56 of the Federal Rules of Civil Procedure.

(See attachment and (Doc. 53)).

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The Clerk is DIRECTED to serve a copy of the Order upon plaintiff and counsel for defendants.

DONE on this 4<sup>th</sup> day of October, 2004.



T. MICHAEL PUTNAM  
UNITED STATES MAGISTRATE JUDGE

## United States District Court, Northern District of Alabama

# RULE 56, FEDERAL RULES OF CIVIL PROCEDURE

## Notice and Explanation

*Griffith v. Wainwright*, 772 F.2d 822, 825 (11th Cir. 1985)

**GENERAL DESCRIPTION.** The summary judgment procedure established in Rule 56 provides a means to dispose of some or all claims in a case *without a trial* if the material facts on which the claims are based are without genuine dispute, so that only questions of law are involved. Granting of summary judgment means that the merits of the claim are decided without a trial or other evidentiary hearing. In contrast, denial of summary judgment is not a decision on the merits, but merely means that the claim involves factual issues that cannot be decided without an evidentiary hearing. A motion for summary judgment that is denied may, however, be renewed at a later time if justified by the facts of the case.

**HOW REQUESTED.** A motion for summary judgment may be filed by a defendant at any time and may be filed by a plaintiff after the defendant has moved for summary judgment or after the suit has been pending for more than 20 days. The motion must be served on the adverse parties at least 10 days before the time it may be taken under submission by the court for a decision. In addition, the court may order that another pleading or motion be treated as a motion for summary judgment and be taken under submission for a decision after a minimum of 10 days.

**HOW SUPPORTED.** In showing what facts are ~~not in genuine dispute, the moving party may rely upon the~~ pleadings, depositions, answers to interrogatories, and admissions on file in the Clerk's office, together with any affidavits filed with its motion. Any brief or other written argument should be submitted to the Judge or Magistrate (not filed in the Clerk's office).

**HOW OPPOSED.** Ordinarily, the party against whom summary judgment is sought may not rely merely upon allegations and denials contained in its own pleadings to show that facts are in dispute. Rather, such party must show the specific facts asserted to be in genuine dispute on the basis of the pleadings of the moving party, depositions, answers to interrogatories, and admissions on file, together with any affidavits it may file in the Clerk's office prior to the date the motion is to be taken under submission (or such other date as the court may specify). Failure to respond timely to a motion for summary judgment may be taken as agreement that the facts asserted by the movant are true. Any brief or other written argument should be filed with the Judge or Magistrate (not filed in the Clerk's office).

**AFFIDAVITS.** Affidavits supporting or opposing a motion for summary judgment must be served on adverse parties and filed in the Clerk's office (not attached to briefs) prior to the date the motion is to be taken under submission. Affidavits must either be notarized or be subscribed as true

under penalty of perjury. Affidavits will be considered only with respect to facts as to which the person making the affidavit is shown to have personal knowledge and is otherwise competent as a witness, and which would be admissible in evidence at a trial. Sworn or certified copies of all papers referred to in any affidavit shall be attached to the affidavit. The court may permit affidavits to be supplemented or opposed by depositions, answers to interrogatories, or further affidavits.

**SUBMISSION OF MOTION.** A motion for summary judgment will be "heard" - that is, submitted to the court for decision - at a date set by the court not less than 10 days after the motion is filed (exclusive of any intermediate Saturdays, Sundays, and federally recognized holidays). For cases scheduled on a motion docket, this date of hearing and submission is the date shown for the motion docket; for other cases, the court will by letter or order specify the date as of which the motion will be taken under submission. All materials supporting or opposing the motion must be filed and served prior to the date of submission unless some other date is specified by the court. In ruling on the motion, the court determines whether the materials submitted would, if presented at a jury trial, raise an issue not subject to a directed verdict under F.R.Civ.P. 50.

**ADDITIONAL TIME.** Any request for additional time to oppose a motion for summary judgment should be presented by affidavit showing the reasons why such extension of time is needed.

**CONSEQUENCES OF SUMMARY JUDGMENT.** If summary judgment is granted, the merits of that claim are decided *without a trial or other evidentiary hearing*; this decision becomes final and subject to appeal if it resolves all claims in the case or is entered as final under F.R.Civ.P. 54(b). Denial of summary judgment is not a decision on the merits of a claim, but merely means that an evidentiary hearing will be needed to decide some factual issues involved in the claim. In denying summary judgment, however, the court may direct that certain factual matters - although not dispositive of the entire claim - are not in genuine dispute and shall be taken as established without further evidence at the trial.

**SANCTIONS.** A party presenting an affidavit under Rule 56 in bad faith or solely for purpose of delay may be ordered to pay the adverse party reasonable expenses (including attorney's fees) caused thereby and may be adjudged guilty of contempt. In addition, the requirements and sanctions specified in F.R.Civ.P. 11 apply to motions and briefs filed in connection with Rule 56 motions.

YOU COULD HAVE RECEIVED THIS NOTICE YESTERDAY BY FAX.

Just complete and return the authorization below and you will receive notice of orders and judgments within hours of their entry. It's FREE and it's FAST!



Courtney Boyd 7:03-cv-01780 62  
SCC  
Staton Correctional Center  
# 208921  
PO Box 56  
Elmore, AL 36025

7:03-cv-01780 #62  
4 page(s).  
10/04/04

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AUTHORIZATION TO SEND ORDERS AND  
JUDGMENTS BY FACSIMILE TRANSMISSION

---

The Clerk of Court for the Northern District of Alabama is authorized to transmit notice of entry of judgment or orders under Fed.R.Civ.P. 77, Fed.R.Crim.P. 49, and Fed.R.Bankr.P. 9022, 9036 by facsimile transmission of judgments, orders or notices in any case in which this capability exists, and the undersigned appears as attorney in charge. I understand that this electronic notice will be in lieu of notice by mail. The following telephone number is dedicated for facsimile transmission.

FAX Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Main  
Phone No: \_\_\_\_\_

Mail to: Clerk, Northern District of Alabama  
1729 Fifth Avenue North  
Birmingham, AL 35203



## EMERGENCY

ADMISSION DATE <b>1/24/05</b>		TIME <b>8:30 AM</b>	ORIGINATING FACILITY <b>STANTON</b>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																									
ALLERGIES <b>NKA</b>			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																											
VITAL SIGNS: TEMP _____		ORAL RECTAL	RESP. _____		PULSE _____	B/P _____																								
NATURE OF INJURY OR ILLNESS		RECHECK IF SYSTOLIC _____ <100> 50																												
<b>S- CYST ON MY EYE RUPTURED AND I CAN'T SEE OUT OF MY EYE.</b>  <b>O- DOC X3 NOTES CYST ON @ 1 eyelid swelling, redness &amp; moist. c/o UNABLE TO SEE, EVERYTHING BLURRY &amp; LIGHT GETTING DIM. STATES "WAS INFORMED BY PRISON TO RETURN IF GETS WORSE".</b>		ABRASION ///    CONTUSION #    BURN <sup>xx</sup> / <sub>xx</sub> FRACTURE <sup>Z</sup> / <sub>Z</sub> LACERATION / SUTURES																												
PHYSICAL EXAMINATION		ORDERS / MEDICATIONS / IV FLUIDS    TIME    BY																												
<b>A - PRT in COMFORT</b>  <b>p. - HCU in AM.</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																												
DIAGNOSIS																														
INSTRUCTIONS TO PATIENT																														
DISCHARGE DATE <b>1/24/05</b>		TIME <b>8:45 AM</b>	RELEASE / TRANSFERRED TO		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																									
NURSE'S SIGNATURE <i>[Signature]</i>		DATE	PHYSICIAN'S SIGNATURE <i>[Signature]</i>		DATE <b>1/25/05</b>																									
INMATE NAME (LAST, FIRST, MIDDLE) <b>D - A</b>			DOC# <b>208921</b>		DOB <b>[REDACTED]</b>	R/S <b>B/m</b> FAC. <b>STANTON</b>																								



## SPECIAL NEEDS COMMUNICATION FORM

Date: 1/24/05

To: STATION

From: SHCU

Inmate Name: Boyd, Courtney ID#: 208921

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

Comments:

TO HCU IN ADD ON 1/25/05.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: 1/24/05 MD Signature: [Signature] Time: 8:45 pm



STATIONPrison Health Services  
Treatment Record

Treatment Ordered: w/ ✓ 1 month x 6 months

1	2	3	4	5	6
Date	Date	Date	Date	Date	Date
8/16/04	9/16/04	10/16/04	11/16/04	12/16/04	1/16/05
NO Show	NO Show	16/10/04	NO Show	NO Show	NO Show
AB	AB	AB		AB	AM
Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Comments:

12-21-04  
Hassan

Patient Name/Number Boyd, Courtney 208921	Allergies: NKDA	Housing Unit: station
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## RELEASE OF RESPONSIBILITY

Inmate's Name:

Boyd, Courtney

Date of Birth:

[REDACTED]

Social Security No:

208921

Date:

01-18-05

Time:

9:00 pm

AM  
PM

This is to certify that I, Courtney Boyd

(Print Inmate's Name)

, currently in

custody at the STATION

(Print Facility's Name)

, am refusing to

accept the following treatment/recommendations:

No Show for Tea Weight ✓

(Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

(Signature of Inmate)\*\*

[Signature]

(Signature of Medical Person)

(Witness)

[Signature]

(Witness)

[Signature]

[Signature]

\*\*A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



## RELEASE OF RESPONSIBILITY

Inmate's Name: Boyd, Courtney

Date of Birth: [REDACTED] Social Security No.: 20 892 1

Date: 1-3-05 Time: 7 AM PM

This is to certify that I, Courtney Boyd, currently in

(Print Inmate's Name)

custody at the Station, am refusing to

(Print Facility's Name)

accept the following treatment/recommendations: \_\_\_\_\_  
(Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

(Signature of Inmate)\*\*

(Signature of Medical Person)

(Witness)

(Witness)

\*\*A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



## SPECIAL NEEDS COMMUNICATION FORM

Date: 2-24-06

To: Doc

From: PHS

Inmate Name: Boyd Courtney ID#: 208921

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

Comments:

To Acc 2-26-06 Sunday for PPD Results

Date: 2-24-06 MD Signature: W. D. [Signature] Time: 9:00 AM



## RELEASE OF RESPONSIBILITY

Inmate's Name: Courtney Boyd 208921

Date of Birth: [REDACTED] Social Security No.: [REDACTED]

Date: 11-22-05 Time: 10:18 A.M. P.M.

This is to certify that I, Courtney Boyd (Print Inmate's Name), currently in custody at the Easterling (Print Facility's Name), am refusing to

accept the following treatment/recommendations: HPD Hep B vaccine (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Courtney Boyd 208921  
(Signature of Inmate)\*\*

Shackinnon  
(Signature of Medical Person)

Charlotte  
(Witness)

(Witness)

\*\*A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



## EMERGENCY

ADMISSION DATE 3 24 106		TIME 120 AM	ORIGINATING FACILITY SIR PDL ESCAPEE		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKDA			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.4		ORAL RECTAL	RESP. 173/8	PULSE 74	B/P 118/80	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS S- "I need a back brace." My Family Called Kenneth & they said to give me one."			ABRASION ///   CONTUSION #   BURN xx xx   FRACTURE Z Z   LACERATION / SUTURES			
PHYSICAL EXAMINATION O. Pt brought from Sec for body Check. Pt laughing & cutting up & other inmates. Pt came walking in bent over. Pt demands back brace. Pt was told by PHS staff that he needed to sign up for Sick Call & see MD about his re- quest for back brace. Pt also de- mands bottom bunk & double trays for meals. APOX-5/WIP & level Resp to lose. Pt appears to be in no distress. Talking & laughing						
			ORDERS / MEDICATIONS / IV FLUIDS   TIME   BY P. Explained to pt that his Sick Call Slip is here for next Sick Call. Advise you now then I'll & 3 days.			
DIAGNOSIS						
INSTRUCTIONS TO PATIENT Will be seen on next Sick Call. Return if needed.						
DISCHARGE DATE 3 24 106		TIME 1:05 AM	RELEASE / TRANSFERRED TO DOC		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE [Signature]		DATE 3/24/06	PHYSICIAN'S SIGNATURE [Signature]		CONSULTATION	
INMATE NAME (LAST, FIRST, MIDDLE) Round Pruitt Neer			DOC# 208921	DOB [Redacted]	R/S R/M	FAC. Vester



## EMERGENCY

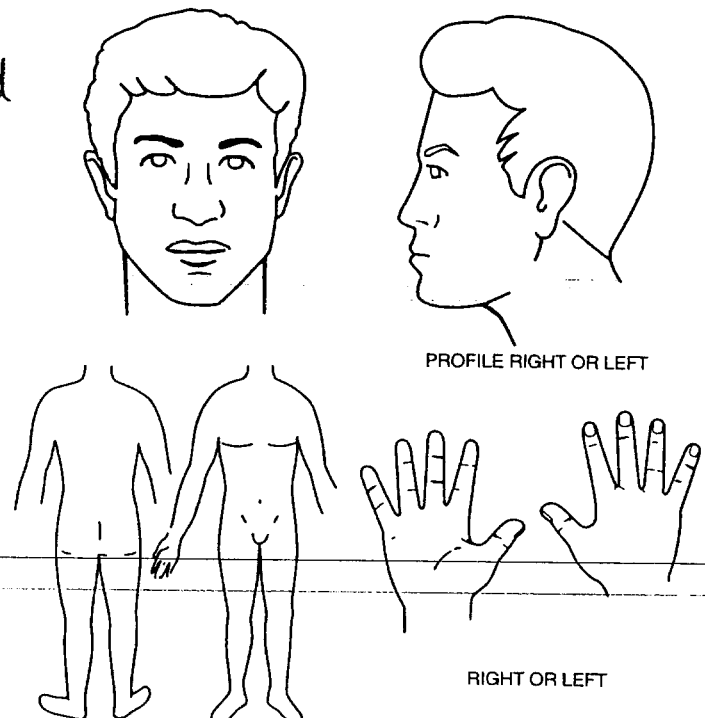
ADMISSION DATE <b>9/4/05</b>		TIME <b>3:40 AM</b>	ORIGINATING FACILITY <b>EDAS</b> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input checked="" type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES <b>NKDA</b>			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <b>97°</b>		ORAL RECTAL	RESP. <b>16</b>	PULSE <b>60</b>	B/P <b>115/74</b>	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS S: "It's hurting down in there" O: pt a/c to clinic & % "abdominal pain" then % groin crease pain, then % testicular pain, pt % pain after urination when he woke up about 1° ago, pt denies weight lifting, pt denies injury, pt has a 9/2/05 for % chest pain - Normal EKG obtained, pt ambulates slowly and guards abdomen, pt states non-compliance & Naproxen rx'd on 9/2/05, pt % swelling in testicles - no swelling noted, pt states swelling is "behind" testicles, area not visualized, megar present on scrotum pt gives scant urine sample and state he is not able to produce more, pt able to transfer to exam table & visible difficulty, skin warm and dry, resp clear and labored A: alt in comfort P: MD notified, T.O. void @ night, pt a/c from clinic			ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES 			
PHYSICAL EXAMINATION			ORDERS / MEDICATIONS / IV FLUIDS			
			TIME BY <b>Maalox 30ml po BID x 3d 4:45 SC</b> <b>Tylenol 500mg ii po BID x 3d 4:45 SC</b>			
DIAGNOSIS						
INSTRUCTIONS TO PATIENT <b>take meds as directed, put in sick call if change in condition</b>						
DISCHARGE DATE <b>9/4/05</b>		TIME <b>4:45 AM</b>	RELEASE / TRANSFERRED TO <b>EDAS</b>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE 		DATE <b>9/4/05</b>	PHYSICIAN'S SIGNATURE 		DATE <b>9/4/05</b>	
INMATE NAME (LAST, FIRST, MIDDLE) <b>Boud, Courtney</b>			DOC# <b>208931</b>	DOB <b>[REDACTED]</b>	R/S <b>B/m</b>	FAC. <b>EDAS</b>





PRISON  
HEALTH  
SERVICES  
INCORPORATED

# EMERGENCY

ADMISSION DATE 9/2/05		TIME 9:20 AM	ORIGINATING FACILITY Fosterling <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input checked="" type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKDA		WT 175		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP 98.8		ORAL RECTAL	RESP. 20	PULSE 71	B/P 100/60	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS S-"My chest is hurting and my arm."  O-B/M to HCU Alert et Oriented x 3. Skin warm et dry to touch. Resp even et unlabored. Bilateral lung sounds clear. Heart RRR. No pain to center of chest - Sharp pain Derives nausea or vomiting. States left weights. No pain to movement. No acute distress noted.  A-act in comfort  P- Dr. Darbauge notified PRG done and faxed to Dr. Darbauge				ABRASION ///    CONTUSION #    BURN xx xx    FRACTURE Z Z    LACERATION / SUTURES 		
				ORDERS / MEDICATIONS / IV FLUIDS    TIME    BY Naproxen 375mg ÷ BID x 2 wks Release to Population RTC pin VO Dr. Darbauge		
DIAGNOSIS						
INSTRUCTIONS TO PATIENT As Above						
DISCHARGE DATE 9/2/05		TIME 9:30 AM	RELEASE / TRANSFERRED TO X DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE J. Scott		DATE 9/2/05	PHYSICIAN'S SIGNATURE A		DATE 9/2/05	
INMATE NAME (LAST, FIRST, MIDDLE) Bayal Courtney			DOC# 208921	DOB [REDACTED]	R/S B/M	FAC. ECF





## EMERGENCY

ADMISSION DATE <b>8 / 21 / 05</b>		TIME <b>120</b> <input checked="" type="radio"/> AM <input type="radio"/> PM	ORIGINATING FACILITY <b>ECF</b> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																									
ALLERGIES <b>NKA</b>			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																											
VITAL SIGNS: TEMP <b>97<sup>2</sup></b>		ORAL RECTAL	RESP. <b>16</b>	PULSE <b>65</b>	B/P <b>120 / 58</b>	RECHECK IF SYSTOLIC <b>&lt;100&gt; 50</b>																								
NATURE OF INJURY OR ILLNESS  <b>S: I'm having chest pain, I'm dehydrated</b> <b>O: B/m ambulated to HCU &amp; steady gait. A&amp;Ox3. Resp even &amp; unlabored. Skin warm &amp; dry, turgor good. C/o chest pain, indicates epigastric area, irradiating, sharp pain. Onset: 1:05pm</b> <b>"I know what the problem is, I'm not getting enough water" he states</b> <b>Ø SOB. Lung sounds clear bilaterally</b> <b>Hand grips equal.</b>			ABRASION ///	CONTUSION #	BURN <input checked="" type="checkbox"/> <input type="checkbox"/>	FRACTURE <input checked="" type="checkbox"/> <input type="checkbox"/>	LACERATION / SUTURES																							
PHYSICAL EXAMINATION  <b>A: Att in comfort</b>  <b>P: Obtain EKG — within normal limits</b> <b>Antacids ii po now. Refused liquid mealox.</b>			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>ORDERS / MEDICATIONS / IV FLUIDS</th> <th>TIME</th> <th>BY</th> </tr> </thead> <tbody> <tr> <td><b>EKG</b></td> <td></td> <td></td> </tr> <tr> <td><b>Antacid ii po now.</b></td> <td></td> <td></td> </tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> </tbody> </table>				ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY	<b>EKG</b>			<b>Antacid ii po now.</b>																	
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<b>EKG</b>																														
<b>Antacid ii po now.</b>																														
DIAGNOSIS																														
INSTRUCTIONS TO PATIENT <b>Return to HCU as needed.</b>																														
DISCHARGE DATE <b>8 / 21 / 05</b>		TIME <b>140</b> <input checked="" type="radio"/> AM <input type="radio"/> PM	RELEASE / TRANSFERRED TO <b>ADOC</b> <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																									
NURSE'S SIGNATURE <b>[Signature]</b>		DATE <b>8/21/05</b>	PHYSICIAN'S SIGNATURE <b>[Signature]</b>		DATE <b>8/21/05</b>																									
INMATE NAME (LAST, FIRST, MIDDLE) <b>Riad Courtney</b>			DOC# <b>208921</b>	DOB <b>[REDACTED]</b>	R/S <b>B/m</b>	FAC. <b>ECF</b>																								

ON  
LTH  
/CES  
/RATED

## EMERGENCY

MISSION DATE <b>6/13/05</b>		TIME <b>3:35</b> <small>AM PM</small>	ORIGINATING FACILITY <b>Elmore Population</b>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT																																																																																																					
ALLERGIES <b>NKA</b>			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																																																																																																							
VITAL SIGNS: TEMP <b>98.2</b>		<small>ORAL</small> RECTAL	RESP <b>16</b>	PULSE <b>87</b>	BP <b>120/74</b>	RECHECK IF SYSTOLIC <100> 50																																																																																																				
NATURE OF INJURY OR ILLNESS <b>S: "My chest hurts and I can't breathe."</b>			ABRASION ///	CONTUSION #	BURN <small>xx</small> <small>xx</small>	FRACTURE <small>Z</small> <small>Z</small>	LACERATION / SUTURES																																																																																																			
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## SPECIAL NEEDS COMMUNICATION FORM

Date: 8-17-05

To: Easterling Doc

From: Easterling PH

Inmate Name: Country Boyd ID#: 208921

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

Comments:

May have TAO apply bid x 10days

Date: 8/17/05 MD Signature: Dr. Dinkens / Dinkens Time: 2130

X Country Boyd 208921

**EASTERN WING CORRECTIONAL FACILITY**  
**PROCEDURE FOR ACCESS TO HEALTH CARE**

**ACCESS TO HEALTHCARE:** All inmates have access to healthcare 24 hours a day, 7 days a week.

**SICK CALL SCREENING:** Treatment for routine medical, dental and mental health complaints are processed through nurse screening seven days a week. You must complete a sick-call screening form and turn this form into medical services for processing. You may obtain screening forms from any dorm cube or shift commander's office. You need to place the screening form in the locked box located at the dining hall. Sick Call forms for Segregation will be picked up by the nurse on the 4:00am medication rounds. Sick Call Screening for population is held Sunday through Friday on second shift at 7:30pm. Segregation Sick Call Screening is held during the 9:00pm pill call. Doctor's clinic is held Monday through Friday excluding holidays or an unexpected emergency.

**FEE FOR SERVICE:** All health service requests are subject to a \$3.00 co-pay that will be deducted from your PMOD account by The Department of Corrections, depending on the nature of your request. Prison Health Services does not receive the monies collected from the co-pay. Please realize that no one is denied care based on their inability to pay for services.

**NOTIFICATION OF SCHEDULED APPOINTMENTS:** All scheduled appointments are placed in the inmate news letter on a daily basis. It is your responsibility to check the newsletter on a daily basis. If you fail to appear for any scheduled appointment, you will be required to sign a Release of Responsibility.

**PILL CALL TIMES:**

POPULATION	DIABETIC	SEGREGATION
4:00am	3:00am	4:00am
9:00am	9:00am	10:00am
5:00pm	3:00pm	5:00pm

**MEDICAL EMERGENCIES:** Medical request on weekends and holidays are reviewed. Any request for medical attention that cannot wait until the next sick-call clinic will be processed at that time. All other request will be held until regular Sunday through Friday sick call. Medical emergencies, such as those involving intense pain, potential life-threatening situations, or when delaying treatment might cause permanent damage are dealt with at any time. Advise the nearest Correctional Officer of an emergency, so prompt access to health care is provided.

**DENTAL SICK CALL:** You are required to sign up for Dental sick call using the same procedure as medical sick call. There is a \$3.00 co-pay for dental screening. There is no charge for follow up care scheduled through dental screening. Population and Segregation Dental Screenings are held during sick call screenings at 7:30pm in the Health Care Unit. Follow-up care, if needed, is scheduled at this time. Emergency dental service is provided 24 hours a day with a dentist on call. Those not meeting scheduled appointments must sign a refusal of treatment form.

**ACCESS TO MENTAL HEALTH TREATMENT:** You can access mental health by filling out a sick call form and coming to sick call. There is no co-pay for mental health services. If you have a mental health emergency you should notify the nearest Correctional Officer so that prompt access is provided.



PRISON  
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DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE  
PHYSICAL ASSESMENT

	YES	NO
ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK	—	<u>X</u>
TB TEST CURRENT	<u>X</u>	—
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE	—	<u>X</u>

OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL  
EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT  
SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: Gracie Dr

DATE: 8-17-05

I attest that the above statement is true to the best of my knowledge.

PATIENT SIGNATURE: Courtney P. [Signature]

DATE: 8-17-05

EXPIRATION DATE: indefinite

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
Bonnie Christopher	205001	[REDACTED]	Am	FAS



## EMERGENCY

ADMISSION DATE 6/21/06		TIME 6:20 AM	ORIGINATING FACILITY ECF		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT	
ALLERGIES NKDA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 97.8		ORAL RECTAL	RESP. 18	PULSE 82	B/P 120/74	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS			ABRASION ///   CONTUSION #   BURN xx xx   FRACTURE Z Z   LACERATION / SUTURES			
S: "I'm hurting all over, from the lower part of my back down keeps going numb, it goes and comes, I don't told that Dr. U can not stand at the pica call line to get my medicine because of this" O. Bm ambulates to HCU A/x3, no assist, unaided & hands on both sides of hips pt able to sit in chair on own pt able to move bilateral legs freely &						
PHYSICAL EXAMINATION discoloration, swelling noted to lower extremities pedal pulses present unilaterally pt denies any numbness at present time; pt requested to speak & move while conversation & move when took place. pt shows & yawned for gumming, able to move left freely, also able to sit in chair crossing and uncrossing legs; pt requested profiles we gain back to him explained			ORDERS / MEDICATIONS / IV FLUIDS   TIME   BY to pt he would need to see mo on sick - call ci. alt conf I. instructed pt to put in Sick call slip			
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
DISCHARGE DATE 6/21/06		TIME 6:45 AM	RELEASE / TRANSFERRED TO IDOC		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE Danciana		DATE 6-21-06	PHYSICIAN'S SIGNATURE [Signature]		DATE 6/23/06	
INMATE NAME (LAST, FIRST, MIDDLE) R. ...			DOB#	DOB	R/S	FAC.





PRISON  
HEALTH  
SERVICES  
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# EMERGENCY

ADMISSION DATE 6/11/06 10:58 AM PM		ORIGINATING FACILITY <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input checked="" type="checkbox"/> ECF		<input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																						
ALLERGIES NKDA		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																								
VITAL SIGNS: TEMP 98.2 ORAL 98.4 RECTAL		RESP. 20		PULSE 72 B/P 122/84																						
NATURE OF INJURY OR ILLNESS 5' Inmate to ER states he is having numbness in both legs. The doctor took my back brace, he would not remove my proth NO prolong standing profile. denies any pain		<table border="1"> <tr> <td>ABRASION ///</td> <td>CONTUSION #</td> <td>BURN <input type="checkbox"/> <input type="checkbox"/></td> <td>FRACTURE <input type="checkbox"/> <input type="checkbox"/></td> <td>LACERATION / SUTURES</td> </tr> </table>				ABRASION ///	CONTUSION #	BURN <input type="checkbox"/> <input type="checkbox"/>	FRACTURE <input type="checkbox"/> <input type="checkbox"/>	LACERATION / SUTURES																
ABRASION ///	CONTUSION #	BURN <input type="checkbox"/> <input type="checkbox"/>	FRACTURE <input type="checkbox"/> <input type="checkbox"/>	LACERATION / SUTURES																						
<p>"2" Blm to HCU Alert oriented x3 in no distress Able to move all extremities, Equal Bil Hand Grips clear Bil Breath Sounds, bowel sounds positive x 4. Inmate able to sit up &amp; no difficulty.</p>																										
PHYSICAL EXAMINATION																										
A. A/E in Comfort																										
<p>P Follow up with doctor Darbonne, Admit in infirmary until seen by Dr. Darbonne, Inmate stated if he'll aren't going to do anything then I will go back to dorm, Inmate refuse to sign waiver, put back in infirmary x 1125 crawled to door, y'all ain't going to do nothing, inmate got off floor to walk in HCU to sign waiver stating I think I can work it out at my legs, inmate rubbing legs got up walked, Officer Pouncey told him he would go to GA, inmate walked out door started sneezing first pulse 100% RA.</p>		<table border="1"> <tr> <td>ORDERS / MEDICATIONS / IV FLUIDS</td> <td>TIME</td> <td>BY</td> </tr> <tr> <td>Motrin 400mg po now</td> <td></td> <td></td> </tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> </table>				ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY	Motrin 400mg po now																	
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																								
Motrin 400mg po now																										
DIAGNOSIS		<p>Can work it out at my legs, inmate rubbing legs got up walked, Officer Pouncey told him he would go to GA, inmate walked out door started sneezing first pulse 100% RA.</p>																								
INSTRUCTIONS TO PATIENT		Follow up with Dr. Darbonne																								
DISCHARGE DATE 6/12/06		TIME AM PM		RELEASE / TRANSFERRED TO																						
NURSE'S SIGNATURE S. Baker RN		DATE		PHYSICIAN'S SIGNATURE																						
INMATE NAME (LAST, FIRST, MIDDLE) Boud Carter		DOC# 208521		DOB [REDACTED]																						
		R/S P/m		FAC. ECF																						



# PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
	Bayd, Courtney	[REDACTED]
	<p>Addendum to Body Chart dated 6-11-06 @ 10:58 p.m.</p> <p>On HCU Ek, instructed 11m to sit up to get into W/C, 11m sat up but held legs straight out, not bending at knees - when questioned about this, inmate stated he was numb. Inmate then transferred self to W/C (using arms only) and then transferred self to bed in infirmary. At approx 11:25 p.m. 11m then crawled to door in infirmary. Kept stating that if we haven't going to do anything he would go back to the dorm. Then 11m got up from the floor and walked to the hallway to sign waiver - then he refused to sign the waiver. Officer Porey then started speaking to 11m about going to 6A. Instead of back to his dorm 11m walked out of HCU &amp; officer Porey.</p> <p>After a short time, Officer Porey returned to HCU &amp; got the W/C, then returned 11m to hall of HCU. 11m breathing rapidly, had told the officer he was having an asthma attack. Sat 100%, lungs clear. 11m returned to HCU infirmary via W/C.</p> <p>S. Under</p>	





## RELEASE OF RESPONSIBILITY

Inmate's Name: Courtney Boyd  
Date of Birth: [REDACTED] Social Security No.: A15# 208 981

Date: 6-11-06 Time: 11:45 P.M.

This is to certify that I, Courtney Boyd, currently in  
(Print Inmate's Name)  
custody at the ECF, am refusing to  
(Print Facility's Name)

accept the following treatment/recommendations: Refuse to stay in infirmary  
(Specify in Detail)  
to see MD in a.m. concerning back pain and  
periodic paralysis of legs

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Refused to sign  
(Signature of Inmate)\*\*

J. Smith  
(Signature of Medical Person)

[Signature]  
(Witness)

(Witness)

\*\*A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



## EMERGENCY

ADMISSION DATE <b>S 1/16/06</b>		TIME <b>7:30</b> AM <u>PM</u>	ORIGINATING FACILITY <b>ECF</b> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT																									
ALLERGIES <b>NILDA</b>			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																											
VITAL SIGNS: TEMP <b>98</b>		<u>ORAL</u> RECTAL	RESP. <b>32</b>	PULSE <b>84</b>	B/P <b>100 60</b>	RECHECK IF SYSTOLIC <b>&lt;100&gt; 50</b>																								
NATURE OF INJURY OR ILLNESS <b>S: "I can't breathe, and my chest is hurting"</b> <b>O: Pm ambulated to HCU &amp; steady gait holding chest &amp; having fast shallow respirations pt able to complete sentence "I was coming up from the gym" &amp; distress respirations varied from fast to slow in examination SpO2 99% Resp 32 40 stinging in C side of chest &amp; radiation of pain while attempting to perform</b>			<div style="display: flex; justify-content: space-around;"> <div> <p>ABRASION ///</p> <p>CONTUSION #</p> <p>BURN xx xx</p> </div> <div> <p>FRACTURE Z Z</p> <p>LACERATION / SUTURES</p> </div> </div> <div style="text-align: center;"> <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p> </div>																											
PHYSICAL EXAMINATION <b>ELG pt teeth began 'chattering' and pt said he was feeling cold &amp; trembles &amp; Resp CTA to bilateral lobes</b>																														
<b>a: all conf</b>																														
<b>P: ELG Notified Dr DenBorge Albuterol HMMN x 1 dose</b>			<table border="1"> <thead> <tr> <th>ORDERS / MEDICATIONS / IV FLUIDS</th> <th>TIME</th> <th>BY</th> </tr> </thead> <tbody> <tr> <td>Albuterol HMM</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> </tbody> </table>				ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY	Albuterol HMM		<input checked="" type="checkbox"/>																		
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																												
Albuterol HMM		<input checked="" type="checkbox"/>																												
<b>O: pt released breathing normal pt arguing w Nurses about paying \$300 copay and stu &amp; mo</b>																														
DIAGNOSIS																														
INSTRUCTIONS TO PATIENT																														
DISCHARGE DATE <b>S 1/16/06</b>		TIME <b>8:10</b> AM <u>PM</u>	RELEASE TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																									
NURSE'S SIGNATURE <b>DenBorge</b>		DATE <b>5/16</b>	PHYSICIAN'S SIGNATURE <b>A</b>		DATE <b>5/16/06</b>																									
INMATE NAME (LAST, FIRST, MIDDLE) <b>David DenBorge</b>			DOC# <b>20501</b>	DOB <b>[REDACTED]</b>	R/S <b>2...</b>	FAC. <b>ECF</b>																								



## DEPARTMENT OF CORRECTIONS

## RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I, Courtney Boyd 208921  
(Print Name) (Doc#)

acknowledge receipt of the following medical equipment or appliance:

( ) Splint

( ) Eyeglasses

( ) Dentures

( ) Prosthesis describe \_\_\_\_\_

( ) Wheelchair

( ) Cane

( ) Crutches

(X) Other describe crutches

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.

Courtney Boyd 208921  
(Inmate)

5/14/06  
(Date)

M. Moore LPN  
(Witness)

5/14/06  
(Date)

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
<u>Boyd, Courtney</u>	<u>208921</u>	<u>[REDACTED]</u>	<u>B/m</u>	<u>ECF</u>



## RELEASE OF RESPONSIBILITY

Inmate's Name: Courtney Royal

Date of Birth: [REDACTED] Social Security No.: [REDACTED]

Date: 5-14-2006 Time: 10 50 AM P.M.

This is to certify that I, Courtney Royal, currently in  
(Print Inmate's Name)

custody at the Ft. Smith, am refusing to  
(Print Facility's Name)

accept the following treatment/recommendations: Refused to sign SK - NDSK 5-14-2006  
(Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

(Signature of Inmate)\*\*

(Signature of Medical Person)

(Witness)

(Witness)

\*\*A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



## EMERGENCY

ADMISSION DATE <b>S / 10 / 04</b>		TIME <b>6:40 AM</b>	ORIGINATING FACILITY <b>ECT</b> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT	
ALLERGIES <b>NLDA</b>			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <b>97.8</b>		ORAL RECTAL	RESP. <b>18</b>	PULSE <b>88</b> <b>SpO2 96%</b>	B/P <b>100 / 70</b>	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS <b>S: "I have been hurting in my chest all day and now it goes to my @ arm, I'm having trouble breathing also"</b> <b>O: A/3 ambulates to HCU</b> <b>Steady gait Bilateral Breath sounds CTA Heart Down to sharp pain in mid sternum area worsens when breathes in radiates to @ arm &amp; acute</b>				ABRASION ///    CONTUSION #    BURN xx xx    FRACTURE Z Z    LACERATION / SUTURES		
				<p style="text-align: right;">PROFILE RIGHT OR LEFT</p> <p style="text-align: right;">RIGHT OR LEFT</p>		
PHYSICAL EXAMINATION <b>chest noted</b> <b>a/cut conjunct</b> <b>Major = feds pulled ASD</b> <b>pt already taking Percocet</b> <b>Noted 1st Dantrolene</b> <b>ERG</b>				ORDERS / MEDICATIONS / IV FLUIDS <b>Tylenol 650</b> <b>PRN</b>		
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
DISCHARGE DATE <b>S / 10 / 04</b>		TIME <b>7:25 AM</b>	RELEASE / TRANSFERRED TO <b>DOC</b> <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <b>C. Garcia</b>		DATE <b>5-10-04</b>	PHYSICIAN'S SIGNATURE <b>[Signature]</b>		DATE <b>5/11/04</b>	
INMATE NAME (LAST, FIRST, MIDDLE) <b>Randall, Christopher</b>				DOC# <b>708071</b>	DOB <b>[Redacted]</b>	R/S <b>PRN</b>
				FAC. <b>ECT</b>		



## SPECIAL NEEDS COMMUNICATION FORM

Date: 5-10-06

To: DOC ECF

From: PHS ECF

Inmate Name: Boyd Courtney ID#: 208921

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

### Comments:

Keep lower back brace x 6 mths

Bottom Back brace x 6 mths

Insole ÷ pain to keep x 6 mths

4-21-06 / 10-21-06

Date: 5-8-06 MD Signature: Dr. Darbonne / Dani Time: 5:00pm

A large, stylized handwritten signature in black ink, appearing to read "Coree" followed by a flourish.



PRISON  
HEALTH  
SERVICES  
INCORPORATED

# EMERGENCY

ADMISSION DATE <b>4/25/06</b>	TIME <b>11:00 AM</b>	ORIGINATING FACILITY <b>East</b> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT
----------------------------------	-------------------------	--	---

ALLERGIES <b>N/A</b>	CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA
-------------------------	---

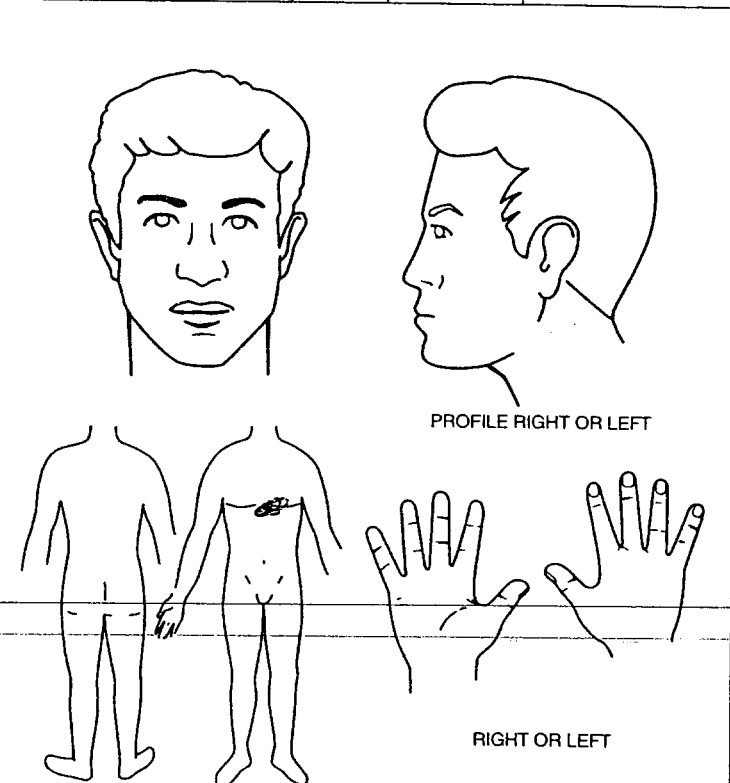
VITAL SIGNS: TEMP <b>97.4</b> <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> RECTAL	RESP. <b>16</b>	PULSE <b>72</b>	B/P <b>102/74</b>	RECHECK IF SYSTOLIC <b>1</b> <100> 50
--	-----------------	-----------------	-------------------	--

NATURE OF INJURY OR ILLNESS	ABRASION ///	CONTUSION #	BURN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	FRACTURE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	LACERATION / SUTURES
-----------------------------	--------------	-------------	--	--	----------------------

S-my ~~tooth~~ tooth is hurting & it's causing my head to hurt & it's also causing me to have chest pain. O/c = being d-rug.

O Brought to here on stretcher A-3. Resp c ease. Skin warm & dry to the touch. Describes pain as being sharp - long sounds cl. b/c. Ear Canal cl. Able

PHYSICAL EXAMINATION  
to view ear drum 3 difficulty  
O Alfretra is unperf  
p observe



ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
<b>EKG now - Normal</b>		

DIAGNOSIS
-----------

INSTRUCTIONS TO PATIENT
-------------------------

DISCHARGE DATE <b>4/25/06</b>	TIME AM PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL
----------------------------------	------------------	--	---

NURSE'S SIGNATURE <b>[Signature]</b>	DATE	PHYSICIAN'S SIGNATURE <b>[Signature]</b>	DATE <b>4/27/06</b>	CONSULTATION
---	------	---	------------------------	--------------

INMATE NAME (LAST, FIRST, MIDDLE) <b>Boyd Courtney</b>	DOC# <b>70892</b>	DOB <b>[REDACTED]</b>	R/S <b>B/k</b>	FAC. <b>East</b>
---	----------------------	--------------------------	-------------------	---------------------



## RELEASE OF RESPONSIBILITY

Inmate's Name: Boyd Courtney

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date: 4-25-06 Time: 12<sup>05</sup> AM AM  
P.M.

This is to certify that I, AB Above, currently in  
(Print Inmate's Name)

custody at the Easting, am refusing to  
(Print Facility's Name)

accept the following treatment/recommendations: Refuses to remain in HCU  
(Specify in Detail)

For observation

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

[Signature]  
(Signature of Inmate)\*\*

[Signature]  
(Signature of Medical Person)

(Witness)

(Witness)

\*\*A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.





## DEPARTMENT OF CORRECTIONS

## RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I, Courtney Boyd 208921  
 (Print Name) (Doc#)

acknowledge receipt of the following medical equipment or appliance:

( ) Splint

( ) Eyeglasses

( ) Dentures

( ) Prosthesis describe \_\_\_\_\_

( ) Wheelchair

( ) Cane

( ) Crutches

(X) Other describe Insoles

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.

Courtney Boyd 208921  
 (Inmate)

4-21-06  
 (Date)

M. Moore LPN  
 (Witness)

4-21-06  
 (Date)

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
<u>Boyd, Courtney</u>	<u>208921</u>	<u>[REDACTED]</u>	<u>B/m</u>	<u>ECF</u>

6A54



## SPECIAL NEEDS COMMUNICATION FORM

Date: 4/21/06To: DOCFrom: HCUInmate Name: Boyd, Courtney ID#: 208 921

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

## Comments:

- (1) Insoles 1 pair x lmo. 4/21/06 - 10/21/06  
get insoles at 5A or 5p Tx.<sup>o</sup>
- (2) KEE p lower back brace x lmo. 4/21/06 - 10/21/06
- (3) Bottom bunk profile x lmo. 4/21/06 - 10/21/06

Date: 4/21/06 MD Signature: Dr. PARBOUR/E/LE Time: 10<sup>30</sup> A.M.

60418

NATL BUREAU 2/18/01



## SPECIAL NEEDS COMMUNICATION FORM

Date: 3/30/06  
To: Doc- Easterling  
From: HCU- Easterling  
Inmate Name: Boyd, Courtney ID#: 208921

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

### Comments:

— Bottom bunk profile x 14 days (3/30/06 - 4/13/06)  
— Brace for L spine x 14 days (3/30/06 - 4/13/06)

Date: 3/30/06 MD Signature: Vo Dr. Darbouze/mf Time: 9:00am

# PRISON HEALTH SERVICES SEGREGATION LOG

Name: Bond Courtney AIS 208421 DOB \_\_\_\_\_ UNIT Seg YEAR 2004

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															

KEY: M - MEDICAL  
D - DENTAL  
P - PSYCHIATRIC  
N/C - NO COMPLAINTS

in 3-7-06  
out 3-29-07

NURSES SIGN AND INITIAL

*Devi*

NC 072



## DEPARTMENT OF CORRECTIONS

## RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I, Boyd, Courtney 208921  
(Print Name) (Doc#)

acknowledge receipt of the following medical equipment or appliance:

( ) Splint

( ) Eyeglasses

( ) Dentures

( ) Prosthesis describe \_\_\_\_\_

( ) Wheelchair

( ) Cane

( ) Crutches

☒ Other describe Back Brace

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.

[Signature]  
(Inmate)

3-31-06  
(Date)

[Signature]  
(Witness)

03-31-06  
(Date)

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Boyd, Courtney				



## RELEASE OF RESPONSIBILITY

Inmate's Name: Boyd, Courtney

Date of Birth: [REDACTED] Social Security No.: 208921

Date: 4-4-06 Time: 730 AM  
PM

This is to certify that I, Courtney Boyd, currently in  
(Print Inmate's Name)

custody at the Easterling, am refusing to  
(Print Facility's Name)

accept the following treatment/recommendations: SICK call 4-4-06 (already  
(Specify in Detail)  
On dental list)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

(Signature of Inmate)\*\*

(Signature of Medical Person)

(Witness)

(Witness)

\*\*A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



PRISON  
HEALTH  
SERVICES  
INCORPORATED

# EMERGENCY

ADMISSION DATE <b>3 / 10 / 2006</b>		TIME <b>8:00 AM</b>	ORIGINATING FACILITY <b>285</b>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES <b>NKA</b>			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <b>97</b>		ORAL RECTAL	RESP. <b>20</b>	<b>02545</b> PULSE <b>97</b>	<b>98</b> B/P <b>108 / 70</b>	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS <b>5- BLACK MALE BRINGS FEM SGT -</b> <b>OFFICER FLYNN STATED HE WAS LYING ON THE FLOOR</b> <b>AND LOOKED LIKE HE WAS UNCONSCIOUS. BRINGS</b> <b>TO HCU BY STROUD - OFFICER FLYNN - SGT. HAYES -</b> <b>LT. WILSON - O'AWAKE - SHAKEN AS IF HE WAS COLL</b> <b>FIRST WOULD NOT TALK BUT WOULD SHAKE HIS HEAD</b> <b>TO ANSWER QUESTIONS - B/S 84. THEN HE STATED</b> <b>HE WAS HAVING CHEST PAIN AND HAD BEEN HAVING</b> <b>CHEST PAIN SINCE YESTERDAY. THAT NOTHING</b> <b>MADE IT BETTER - STATED HE HAD GOTTEN</b> <b>DIZZY AND FELL. STATED HE HAD BEEN</b> <b>W/ALCOHOL SOME TODAY. STATED HE HAD DRUNK</b> <b>PHYSICAL EXAMINATION</b> <b>DEVIATES ANY DIRECTION. ALICE - ORIENTED X3</b> <b>EYES EQUAL. NO GUTTURAL - SPIN WITHIN</b> <b>AND BY. STATES PAIN LEVEL 10 EXC. DOWN</b> <b>8 PM STATES HIS LEGS AND FEET WERE NUMB</b> <b>BUT HAS REFLEXES IN FEET &amp; LEGS - SMILING AT TIMES</b> <b>ABLE TO MOVE TOES &amp; FEET AND LEGS STATES</b> <b>THEY FEEL NUMB - ABLE TO STAND.</b> <b>8:10 B/P 100/60 T 97 - NO CONTRAINDICATIONS ON ADMITTING</b> <b>A - ACT. COMFORTABLE</b> <b>P - CALL DR. DABOZA</b> <b>DR. DABOZA - CALLED - ORDERED JIM</b> <b>E - SICK BY FOR SICK ANY MORE PROBLEMS</b>			ABRASION ///   CONTUSION #   BURN xx FRACTURE Z   LACERATION / SUTURES			
			PROFILE RIGHT OR LEFT  RIGHT OR LEFT			
			ORDERS / MEDICATIONS / IV FLUIDS   TIME   BY <b>Tylenol 500mg X 2 PO BID X 5 DAYS</b> <b>8:25 AM</b> <b>J</b> <b>MAROX 100mg PO BID X 5 DAYS</b> <b>8:30 AM</b> <b>MAY GO BACK TO SGT</b> <b>P/O DR. DABOZA</b>			
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
DISCHARGE DATE <b>3 / 10 / 2006</b>		TIME <b>8:55 AM</b>	RELEASE / TRANSFERRED TO <b>3-10-2006 LEFT AMBULANCE</b>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <b>[Signature]</b>		DATE <b>3-11-2006</b>	PHYSICIAN'S SIGNATURE <b>[Signature]</b>		DATE <b>3/11/06</b>	
INMATE NAME (LAST, FIRST, MIDDLE) <b>BOYD - COURTNEY</b>			DOC# <b>208921</b>	DOB <b>[REDACTED]</b>	R/S <b>BLA</b>	FAC. <b>FRANK</b>



## EMERGENCY

ADMISSION DATE <b>3 / 7 / 06</b>		TIME <b>1:55</b> <small>AM PM</small>	ORIGINATING FACILITY <b>East</b> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT																		
ALLERGIES <b>NKA</b>			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																				
VITAL SIGNS: TEMP <b>96.8</b>		<b>ORAL</b> RECTAL	RESP. <b>18</b>	PULSE <b>88</b>	B/P <b>100, 80</b>	RECHECK IF SYSTOLIC <100> 50																	
NATURE OF INJURY OR ILLNESS <b>S- "They alleged I've been fighting"</b>			ABRASION ///    CONTUSION #    BURN <small>xx xx</small> FRACTURE <small>Z Z</small> LACERATION / SUTURES																				
PHYSICAL EXAMINATION <b>O- Bldy amb. to hca per Officer Coleman. A.O.X.3. Resp. even and unlabored, skin warm &amp; dry to touch. No cuts, bruises or scratches noted to body. Denies injury to body.</b> <b>A- Body chart</b> <b>P- Release to b/c</b> <b>No TX indicated</b>			ORDERS / MEDICATIONS / IV FLUIDS																				
			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TIME</th> <th>BY</th> </tr> </thead> <tbody> <tr><td colspan="2" style="height: 100px; text-align: center; vertical-align: middle;">(Large handwritten X)</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>				TIME	BY	(Large handwritten X)														
TIME	BY																						
(Large handwritten X)																							
DIAGNOSIS																							
INSTRUCTIONS TO PATIENT <b>PLE- Fly to sick call pnr</b>																							
DISCHARGE DATE <b>3 / 7 / 06</b>		TIME <b>2:00</b> <small>AM PM</small>	RELEASE / TRANSFERRED TO <b>DOC</b> <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																		
NURSE'S SIGNATURE <b>Shinn</b>		DATE	PHYSICIAN'S SIGNATURE <b>May 1 one 3/7/06</b>		DATE																		
INMATE NAME (LAST, FIRST, MIDDLE) <b>Boyd - Courtney</b>			DOC# <b>208921</b>	DOB <b>[REDACTED]</b>	R/S <b>Blm</b>	FAC. <b>East</b>																	



\*\*\*\*\* MMPI-2 ADULT INTERPRETIVE SYSTEM \*\*\*\*\*

developed by

Roger L. Greene, Ph.D.  
Robert C. Brown, Jr., Ph.D.  
and PAR Staff

-- CLIENT INFORMATION --

Client : Boyd, Courtney J. Age : 18  
Sex : Male Marital Status :  
Education : Date of Birth : [REDACTED]  
File Name : 208921

Prepared for: Kilby Correctional Facility on 03/21/2000

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The interpretive information contained in this report  
~~should be viewed as only one source of hypotheses about the~~  
individual being evaluated. No decisions should be based solely  
on the information contained in this report. This material  
should be integrated with all other sources of information in  
reaching professional decisions about this individual. This  
report is confidential and intended for use by qualified  
professionals only. It should not be released to the individual  
being evaluated.

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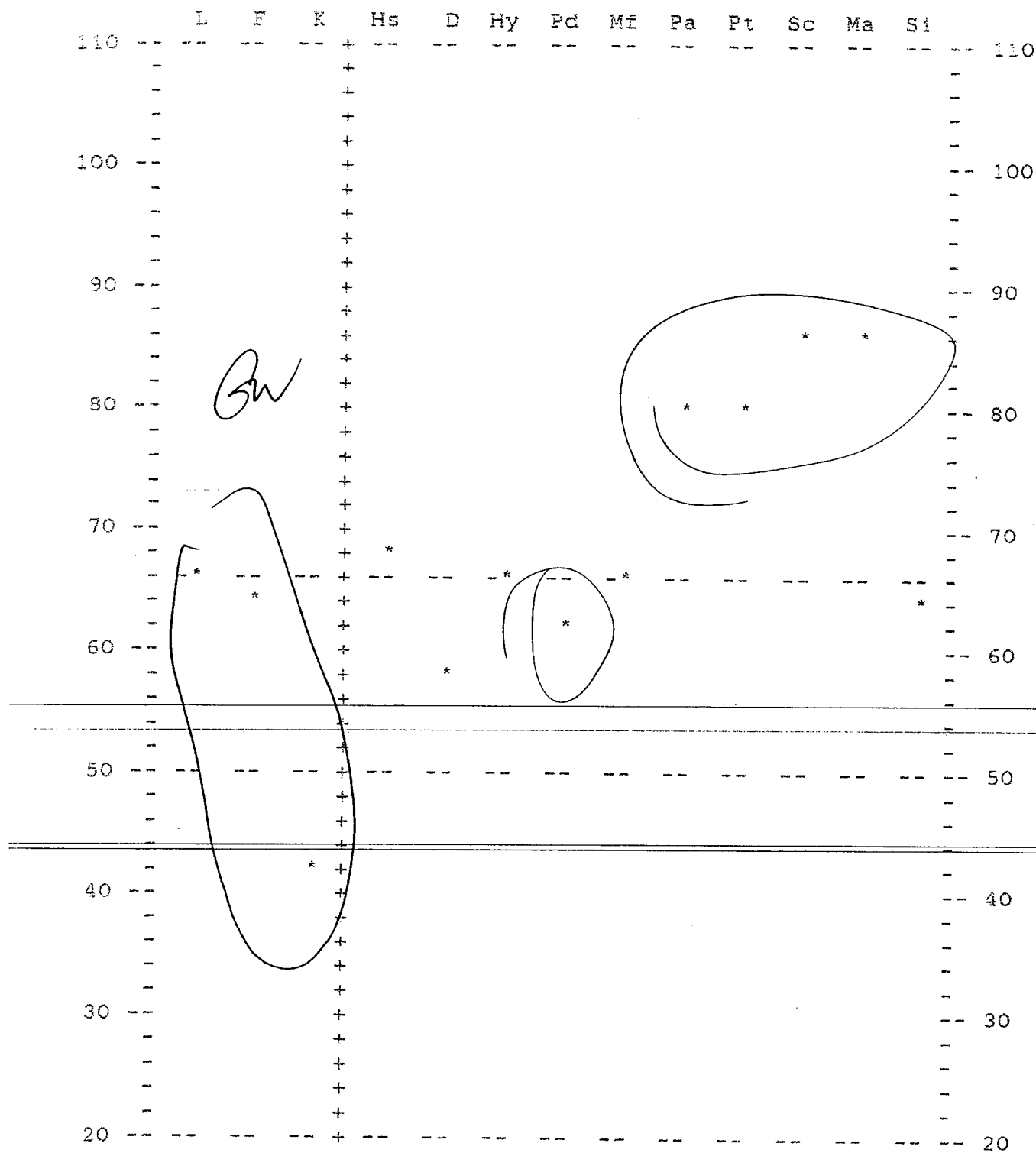
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MMPI-2 IMPRESSIONS REPORT

PREPARED FOR: Kilby Correctional Facility

PAGE 2

## -- MMPI-2 PROFILE FOR VALIDITY AND CLINICAL SCALES --



core  
answered (?) Items = 197

sh Code: 89/67/13504-2/ L-F-K: